

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

RECEIVED
EMAIL
NOV 29 2009

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillyan For Council

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Kevin L. Trevillyan

Political Party (if applicable)

Office Sought

WDM City Council Ward 1

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Kevin L. Trevillyan
SIGNATURE OF PERSON FILING REPORT

515-240-8786
TELEPHONE

November 28, 2009
DATE SIGNED

I AM FILING A November 30, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
December 1, 2009

County & Local Committees, enter County in
which Election is held
Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

424.53

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

2,420.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

2,844.53

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,618.68

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

1,225.85

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillyan For Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10-30-09	ID# CK#	Mary Acheson 2807-S. 11th St. West Des Moines, IA		\$25.00	<input type="checkbox"/>
11-4-09	ID# CK#	Earlene Owens 712-12th St. West Des Moines, IA		20.00	<input type="checkbox"/>
11-6-09	ID# CK#	Linda Robel 9075 Linda's Lane West Des Moines, IA		100.00	<input type="checkbox"/>
11-9-09	ID# CK#	Unitemized Fundraiser		100.00	<input checked="" type="checkbox"/>
11-9-09	ID# CK#	Steve Duncan 221-3rd St. West Des Moines, IA		210.00	<input checked="" type="checkbox"/>
11-9-09	ID# CK#	Anna Rutt 537-12th St. West Des Moines, IA		20.00	<input checked="" type="checkbox"/>
11-9-09	ID# CK#	Kevin L. Trevillyan 722-5th St. West Des Moines, IA	Candidate	200.00	<input checked="" type="checkbox"/>
11-10-09	ID# CK#	Margo Blumenthal 951-S. 35th St. West Des Moines, IA		200.00	<input type="checkbox"/>
11-12-09	ID# CK#	Ed Ames 304-6th St. West Des Moines, IA		100.00	<input type="checkbox"/>
11-14-09	ID# 6133 CK# 1033	South Central Iowa Federation of Labor 2000 Walker St. Des Moines, IA		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1225.00

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillyan For Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11-16-09	ID# 6019 CK# 665	CWA Local 7102 3612-SW 9th St. Des Moines, IA		\$300.00	<input type="checkbox"/>
11-20-09	ID# CK# 4157	AFSCME IA Council 61 4320-NW 2nd Ave. Des Moines, IA		250.00	<input type="checkbox"/>
11-20-09	ID# CK#	Mary Hill 516-12th St. West Des Moines, IA		25.00	<input type="checkbox"/>
11-21-09	ID# CK#	Robert Foster 726-5th St. West Des Moines, IA		25.00	<input type="checkbox"/>
11-21-09	ID# CK#	Shawn Miller 7426 Pommel Pl. West Des Moines, IA		50.00	<input checked="" type="checkbox"/>
11-21-09	ID# CK#	Unitemized Fundraiser		45.00	<input checked="" type="checkbox"/>
11-23-09	ID# CK#	Carol Midthun 604-10th St. West Des Moines, IA		50.00	<input type="checkbox"/>
11-24-09	ID# CK#	Dino Rodish 3400 Fuller Rd. West Des Moines, IA		250.00	<input type="checkbox"/>
11-27-09	ID# CK#	Cuck Celsi 2809 Ashworth Rd. West Des Moines, IA		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,195.00

TOTAL (if last page of this schedule)

\$ 2,420.00

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillyan For Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-3-09	ID# CK#	Tavern Restaurant 205-5th St. West Des Moines, IA	Food For Election Night Party	\$ 282.86
11-9-09	ID# CK#	Fast Signs 1791 NW 86th St. Clive, IA	Deposit on Signs	340.00
11-13-09	ID# CK#	Fast Signs 1791 NW 86th St. Clive, IA	Balance Due on Signs	335.75
11-23-09	ID# CK#	Des Moines Register 715 Locust St. Des Moines, IA	Newspaper Ad	345.00
11-23-09	ID# CK#	Polk County Election Office 120-2nd Ave. Des Moines, IA	Voter Lists	20.00
11-23-09	ID# CK#	Kevin L. Trevillyan 722-5th St. West Des Moines, IA	Advertising Magnets For Campaign (ordered with personal credit card)	295.07
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1,618.68
TOTAL (if last page of this schedule)				\$ 1,618.68

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillyan For Council

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11-2-09	AFSCME Iowa Council 61 4320 NW 2nd Ave. Des Moines, IA		Robo Calls	\$ 77.49	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 77.49	
TOTAL (if last page of this schedule)				\$ 77.49	

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Page 1 of 1
(for Schedule E)